



REQUEST FOR SCAVENGER/SALVAGE VEHICLE PERMIT APPLICATION

ENVIRONMENTAL HEALTH SERVICES DIVISION

Mailing Address: P.O. BOX 618 Farmington, UT 84025

Physical Address: 22 SOUTH STATE STREET CLEARFIELD, UT 84015

Phone: 801-525-5128, TDD 801-451-3288 Fax 801-525-5119

Company Name: _____ Phone No.: _____

Address: _____ City: _____ Zip Code: _____

Mailing If Different: _____ City: _____ Zip Code: _____

Name of Responsible Person: _____ Phone No. _____

Davis County Cities of Service Area: _____

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Indicate the number of permits requested:

_____ Scavenger or Salvage Vehicle Permit (\$75.00/ea)

Maintenance of Scavenger and/or Salvage Permit is predicated on compliance with the Regulation for the Control of Scavenger Operations and Salvage Operations. Permit(s) are revocable for non-compliance.

Signature of Applicant _____

Title _____

Date _____

.....

OFFICE USE ONLY	
Rec #	_____
Date	_____
Amt	_____

Vehicle# **Vehicle's License No.** _____ **Permit No**

Vehicle's Make/Year _____ **Date Issue**

Vehicle's Capacity _____

Vehicle's General Desc._____

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